DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
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DASG-PPM

17 April 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Heat Injury Prevention Program, 2006

1. The 2006 heat injury season is beginning. Each year, heat injury and illness pose a significant threat to Army personnel, both in garrison and while deployed. Soldiers and DA civilians are deployed to some of the hottest areas in the world. Nevertheless, heat injuries can occur in relatively cool temperatures, particularly when heavy exertion is involved. Last year, six Soldiers died from heat-related causes.

2. Even in non-fatal cases, heat injury can thwart mission accomplishment and cause significant morbidity. During 2005, over 1,700 heat injuries occurred in the Army, of which 258 were heat stroke and 1467 were heat exhaustion. Most importantly, all these heat injuries were preventable.

3. Heat injury prevention is a command and leadership responsibility. The mission of the U.S. Army Medical Command is to protect the health of Army personnel and ensure their safety. Medical personnel play a key role in supporting Commanders and leaders in their efforts to protect Army personnel from heat injury. Heat injury prevention guidance is detailed in TB MED 507, Heat Stress Control and Heat Casualty Management. That document, as well as additional guidance and other heat injury prevention resources can be obtained through the U.S. Army Center for Health Promotion and Preventive Medicine website: http://chppm-www.apgea.army.mil/heat/. A training video, "Heat Injury Risk Management," can also be viewed and ordered through this website. Additional information and guidance is contained in the enclosed Information Sheet.

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Information Sheet: 2006 Heat Injury Prevention Program

1. All leaders developing a comprehensive heat injury prevention program should use as their main guiding reference TB MED 507, "Heat Stress Control and Heat Casualty Management." All aspects of heat injury prevention are covered in the document, including such topics as heat-induced physiological responses, casualty care, prevention guidelines, and hot weather deployment tips.

2. A comprehensive heat injury prevention program should follow the principles of Risk Management by identifying and assessing hazards in terms of severity and probability, implementing appropriate controls for hazard abatement, and evaluating the effect of control measures. Units train using Risk Management principles; therefore, it is imperative that commanders, leaders, and medical assets are educated on the prevention of heat injuries using this terminology. Heat injury prevention is a Command responsibility. A Commander's, Senior NCO's, and Instructor's Guide to Risk Management of Heat Casualties presenting heat injury prevention in this format is located on the USACHPPM website http://chppm-www.apgea.army.mil/doem/pgm34/HIPP/HeatRiskManGuideMar04.pdf.

3. Cases of heat stroke and heat exhaustion are reported through the Reportable Medical Events System (RMES) (http://amsa.army.mil) to the Army Medical Surveillance Activity (AMSA). Preventive Medicine personnel at Medical Treatment Facilities should receive local reports of possible heat injuries, investigate and compile required information about the heat injury, and report heat injuries electronically through RMES to AMSA.

4. Individual risk factors for heat casualties include lack of acclimatization, cumulative exposure to heat, poor physical fitness, overweight, concurrent illness, taking medications/dietary supplements (such as ephedra), use of alcohol, prior history of heat injury, skin disorders, and being older than 40. **Since many of these factors can change on a daily basis, frequent reassessment is needed.** The FDA has prohibited the sale of ephedra-containing products due to their association with heart attack and stroke. Ephedra-containing substances should NOT be used under any circumstance. Some weight loss supplements are labeled as "ephedra-free". These products may contain other harmful substances and their use should be discouraged. Beverages containing caffeine, which is a diuretic, can lead to dehydration. All supplement use within two weeks of heat injury should be reported in RMES. Supplement brands and ingredients change over time; therefore, the principle ingredient should be included in the report.

5. USACHPPM and the US Army Research Institute for Environmental Medicine (USARIEM) have developed heat prevention products including informational posters and pocket guides. These are available free of charge through the CHPPM website, http://chppm-www.apgea.army.mil/heat/, to Army units while supplies are available.